

## **INSTRUCTIONS FOR COMPLETING AN EXPUNGEMENT / PROVISIONAL PARDON PETITION:**

### **ELIGIBILITY:**

This application is for individuals who are currently not on any form of criminal justice supervision or who are applying for a provisional pardon. If you are currently an inmate, probationer, or parolee seeking expungement or commutation, please use the current offender application as commutation **is not** considered using this procedure. The following types of pardons are considered using this application:

**Expungement Pardon:** You may apply to the Board for expungement (erasure of the official criminal record) THREE (3) YEARS after the date of the disposition of one's most recent misdemeanor conviction and/or FIVE (5) YEARS after the date of the disposition of one's most recent felony conviction. Please be aware that you cannot apply for expungement for one offense and not another, as only your full criminal history will be considered for an expungement pardon.

**Provisional Pardon:** A provisional pardon is for employment purposes only and does not erase your criminal history. You may apply for a provisional pardon at any time, but if you are currently under any form of criminal justice supervision you are also required to submit a **Supervising Officer Questionnaire** completed by your current parole/probation officer. That form can be obtained at [www.ct.gov/doc/bopp](http://www.ct.gov/doc/bopp) or by calling (203) 805-6643. If you are applying for expungement, you must indicate on the application that you also wish to be considered for a provisional pardon in the event your petition for expungement is denied.

### **ADDITIONAL DOCUMENTS NEEDED TO COMPLETE THE PARDON PETITION:**

In order for the petitioner to complete the enclosed application and for the Board to issue a Certificate of Pardon (if granted) it is absolutely essential that complete and accurate records be provided when the petition is filed. The following sources of information must be contacted to accomplish this.

**Step 1:** Complete the enclosed "Criminal History Request for a Pardon", and either mail or bring the form to the State Police Bureau of Identification, 1111 Country Club Road, Middletown, CT 06457-9294 (Tel. 860-685-8480). You are required to submit a complete set of fingerprints with the form along with a \$25 check or money order payable to "DPS". You can obtain your fingerprints from most police departments (ask the police to use the green DPS 125c form), or at the State Police Bureau of Identification for an additional \$5.00 fee. Please note that if you drop the form off in person, the criminal history will still be mailed to your address. **DO NOT** mail the form or fee to Board of Pardons, and **ONLY SUBMIT THE REQUEST FORM, \$25.00 FEE AND THE FINGERPRINT CARD TO THE STATE POLICE. PLEASE DO NOT SEND YOUR ENTIRE PARDON APPLICATION TO THE STATE POLICE.**

**Step 2:** Obtain a copy of the police report(s) for any arrest that resulted in a conviction that has occurred within the last 10 years. If the arrest was over 10 years ago, you are not required to obtain that report. If no police report is available for an arrest that was less than 10 years ago, please obtain a letter from the arresting agency stating that fact. You can find the arresting agency's name and police case number on the criminal history supplied by the state police. The fee for this service varies by police department.

**Step 3:** If you have ever served a period of probation, you must obtain a letter from the supervising Office of Adult Probation indicating the date on which you discharged from any period or periods of probation.

**Pardons will be revoked if a conviction is not disclosed regardless of the reason.** The State Police Bureau of Investigation may not have every criminal conviction listed on the criminal history. If you were convicted of crimes that are not listed on the criminal history printout, please explain those convictions in your application. You are not required to obtain the official criminal record(s) of out of state convictions, but you **must** mention those convictions in your application.

### **HOW TO PREPARE AND SUBMIT THIS PARDON PETITION:**

1. After the above documents are received, complete the pardon application and have page 7 notarized.
2. We strongly prefer that you use binder or paper clips to submit your pardon package. Please **DO NOT** staple or place your petition in bound folders, as several copies of your pardon petition will be made at the Board. Please ensure that each document has your name and date of birth on it and arrange your petition in the following order:
  - a. The Pardon application, with page 7 notarized.
  - b. The criminal history printout provided by Connecticut State Police Bureau of Identification.
  - c. The police report(s) for any arrest that resulted in a conviction within the last 10 years. **If you willfully omit any pages from the police report when submitting this petition, your pardon may be denied.** If the arrest was less than 10 years ago and the police report was destroyed, attach a letter from the arresting agency stating that fact.
  - d. The letter from the Office of Adult Probation showing the date when your probation was completed or terminated (if applicable).
  - e. A minimum of 3 reference questionnaires. Only 1 reference may come from a family member who is related by blood or marriage. References can elect to also attach an additional letter to the questionnaire as long as they indicate that they understand that you are applying for a pardon and list all the crimes you have been convicted of.
  - f. A supervising officer questionnaire (**ONLY** if you are a current offender applying for a provisional pardon).
  - g. A photocopy of your drivers license or State I.D. **Please notify the Board of any address or phone number changes.**
  - h. Any other documentation you wish to include for the Board to consider (certificates, resume, evaluations, etc.)
3. Send the original documents via certified mail to: **The Board of Pardons and Paroles; 55 West Main St, Suite 520; Waterbury, CT 06702; Attn: Pardons Unit.** Petitions have to be **postmarked** by the docket deadline to be considered at the next available hearing. **Due to the high volume of petitions received, NO APPLICATIONS WILL BE ACCEPTED IN PERSON.** It is highly recommended that you make a copy of the package for your personal records, as we will not return what is submitted. We are not responsible for petitions that are lost if they are not submitted via certified mail. If you have any questions, please call our office at (203) 805-6643 or our technical assistance contractor at 860-752-4876 or 866-553-8994.

**STATE OF CONNECTICUT**



**BOARD OF PARDONS & PAROLES**

55 West Main Street - Waterbury, CT 06702

**APPLICATION FOR A CONNECTICUT EXPUNGEMENT or PROVISIONAL PARDON**

Please type (strongly preferred) or print legibly in ink the answers to the following questions. If the space for any answer is insufficient, please continue the answer on the optional continuation page, labeling the section that you are continuing. Each question must be answered fully, truthfully, and accurately.

**Any omission of falsification may constitute grounds for denial or revocation.**

Official use only: <b>Leave Blank.</b>	CT Inmate Number:	FBI Number:	SPBI Number:
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SECTION 1: Applicant Information:			
Last Name	First Name	Middle Name	
<input type="checkbox"/> <b>Provisional Pardon Consideration:</b> Check this box if you are applying for a provisional pardon or wish to be considered for a provisional pardon in the event that your petition for expungement is denied. This type of pardon does not erase your criminal history and is for employment purposes only. For more information about provisional pardons, please see the instruction sheet.			
Date of Birth:	Social Security Number:	Place of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
ADDRESS (Number and Street):			Apartment Number / Floor
CITY:		STATE:	Zip Code:
HOME PHONE NUMBER: (     )     -		BUSINESS PHONE NUMBER: (     )     -	EXTENSION:
CELLULAR PHONE NUMBER: (     )     -		E-MAIL ADDRESS:	
Do you have a Driver's License: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, issuing state: License Number:	

SECTION 2: Family Information		
For your current residence, please list all members of your household below:		
Name:	Age:	Relationship:
1.		
2.		
3.		
4.		
5.		
How long have you lived at your current address?		
Current Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Divorced <input type="checkbox"/> Separated
		<input type="checkbox"/> Widow <input type="checkbox"/> Widower
Current Spouse / Partner's Name	Current Address (if different from your current address)	
		Current Phone Number
How many children do you have?		
Are you current with all court ordered child support (if applicable)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		
If you answered no, what is the reason for your failure to pay and describe any agreement you have made to satisfy your payment obligation:		

**SECTION 3: Aliases and Other Names**

State in full every other name by which you have been known, including the reason for your use of another name, and the dates during which you were so known (i.e., include your maiden name, name by a former marriage, aliases, and nicknames):

- 1.
- 2.
- 3.

**SECTION 4: Previous Application History**

Have you applied for pardon in the past? ☐ Yes ☐ No

If yes, please state the month(s) and year(s) you applied:

Was a pardon granted? ☐ Yes ☐ No If yes, type of Pardon granted:

The date the Board suggested you may reapply:

**SECTION 5: Citizenship Information:**

Are you a citizen of the United States of America? ☐ Yes ☐ No

If you answered no, country of citizenship:

**SECTION 6: Pistol Permit Restoration:**

If a pardon is granted, are you requesting the restoration of your right to obtain a pistol permit? ☐ Yes ☐ No

If yes, please explain why you are seeking a permit to carry a handgun:

**SECTION 7: Educational Background:**

Please check the highest grade completed:

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20	<input type="checkbox"/> 21	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24+

Please list any education or other special training you have received or are currently attending. Include the school name, dates attended, degrees received, and any honors achieved. If you attended training, note the type of training and agency that provided the training. **You should attach a copy of any certificates, diplomas or transcripts received to the application.**

**SECTION 8: Military Record:**

Were you ever in any branch of the U.S. Armed Forces? ☐ Yes ☐ No If you answered yes, please answer the following:

Branch of service:	Date of entry into active duty:	Date of Discharge:
Did you serve in the National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Discharge:	Rank at Discharge:

**Attach a copy of your separation papers (Form DD-214) or your military ID (DD Form 2) if you are currently active.**

**SECTION 9: CRIMINAL HISTORY**

Have you ever been incarcerated in Connecticut? ☐ Yes ☐ No Inmate Number (if known):

**Do you presently have any pending criminal charges, either federal or state?** ☐ Yes ☐ No *If yes, state the pending criminal charges, the arresting agency, and the court in which the case is pending. If you need more space, use the optional continuation page.*

**SECTION 9: CRIMINAL HISTORY**

All convictions that you are seeking a pardon for must be listed. Any willful omission will be construed as falsification, and would be considered grounds for denial. Applicants should rely on their own information, as well as the official criminal record that was obtained from the State Police. If any uncertainty exists, a statement to that effect will remove grounds for rejection of the application on the basis of falsification. List your most recent conviction below, working back until all your convictions are listed. If you need more space, please use section 14 (Criminal History Continuation Form) or attach a separate piece of paper using this same format.

**Conviction #1 (most recent conviction)**

Docket number:	Disposition Date:	Sentence:
Crime(s) Convicted of on this docket:		
In your own words, provide a complete and detailed account of this incident. Explain when, how and why each offense was committed, including the date and location. Explain any violations of probation if applicable.		

**Conviction #2**

Docket number:	Disposition Date:	Sentence:
Crime(s) Convicted of on this docket:		
In your own words, provide a complete and detailed account of this incident. Explain when, how and why each offense was committed, including the date and location. Explain any violations of probation if applicable.		

**Conviction #3**

Docket number:	Disposition Date:	Sentence:
Crime(s) Convicted of on this docket:		
In your own words, provide a complete and detailed account of this incident. Explain when, how and why each offense was committed, including the date and location. Explain any violations of probation if applicable.		

☐ Check this box if you have more than 3 criminal convictions and have attached additional sheets using the same format as above or the optional criminal history continuation form (Section 14).

**Please list the name(s) and approximate age of any victim(s) of your crime(s) and phone number or address if known: DO NOT attempt to contact any known victim. If there was not a victim associated with your crime(s) or you do not know the identity of your victim, your application will still be considered.**

**Have you ever been convicted of any crimes in any other State? ☐ Yes ☐ No**

*If yes, list the State where convicted, the approximate date of conviction, what crime you were convicted of and describe the incident.*

How long have you remained crime free?

### SECTION 10: Employment History

List your past 3 employers, starting with your present employer and working back. For each period you were unemployed, give dates of that period and reason. **You should attach a current pay stub or W-2 form to verify your present employment.**

Official Job title (Start with current or most recent job)		Company Name		Type of Business	
Title and name of Immediate Supervisor		Dept. Where Assigned		Business' Phone Number ( ) -	
Employed From (Mo.) (Yr.)	To: (Mo.) (Yr.)	Total (Years. Mos.)	Hours Worked Per Week	May we Contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Business' full address			Reason for Leaving		

#### Reason for gap in employment (if any):

Official Job title		Company Name		Type of Business	
Title and name of Immediate Supervisor		Dept. Where Assigned		Business' Phone Number ( ) -	
Employed From (Mo.) (Yr.)	To: (Mo.) (Yr.)	Total (Years. Mos.)	Hours Worked Per Week	May we Contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Business' full address			Reason for Leaving		

#### Reason for gap in employment (if any):

Official Job title		Company Name		Type of Business	
Title and name of Immediate Supervisor		Dept. Where Assigned		Business' Phone Number ( ) -	
Employed From (Mo.) (Yr.)	To: (Mo.) (Yr.)	Total (Years. Mos.)	Hours Worked Per Week	May we Contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Business' full address			Reason for Leaving		

### Employment Desired

If you are applying for a provisional pardon or requesting an expungement pardon for employment purposes, what type of employment are you seeking?

### SECTION 11: Substance Abuse and Treatment Information:

**Have you ever been addicted to or abused alcohol or drugs of any type? ☐ Yes ☐ No**

*If yes, describe the type and dates of the addiction or abuse:*

**Have you ever sought or participated in counseling, treatment, or a rehabilitation program for drug use or alcohol abuse (i.e. AA, NA, 12 Step Programs etc.)?** ☐ Yes ☐ No

*If yes, specify the dates of treatment or counseling, and provide the full name, address, and telephone number of the treatment facility and of the doctor, counselor, or other treatment provider. Indicate whether you completed the treatment program and the description of help received Attach any certificates or proof of participation to the end of this package.*

**Is there any other type of treatment you have participated in that you would like the Board of Pardons to know about?**

☐ Yes ☐ No *If yes, specify the dates of treatment or counseling, and provide the full name, address, and telephone number of the treatment facility and of the doctor, counselor, or other treatment provider. Indicate whether you completed the treatment program and the description of help received Attach any certificates or proof of participation to the end of this package.*

### SECTION 12: Volunteer, Charitable and Community Activities

**Describe any charitable, volunteer, church or civic activities in which you have been engaged or other contributions you have made to the community since your conviction. List the names of any organizations in which you have participated, the time periods of your participation, your role in these activities, and the name, address, and telephone number of a person associated with each organization who is familiar with your involvement. If you need more space, use the optional continuation page (Section 15).**

### SECTION 13: Purpose of Application:

State your reason(s) for seeking a pardon.

[illegible]

If you answered yes, complete the following information about the person / group:

Name / Group	Address	Phone Number

If the person who assisted you is an attorney, do you want the Board to send correspondence only to them? ☐ Yes ☐ No

## Background Investigation Authorization:

This is to certify that I have applied for Clemency with the Connecticut Board of Pardons and Paroles, and have completed this application fully, truthfully, and accurately. I acknowledge that an investigation will be conducted prior to my case appearing before the Connecticut Board of Pardons and Paroles.

In consideration for the processing of my application, I, \_\_\_\_\_, formerly known as \_\_\_\_\_, do hereby agree to the following:

### WAIVER OF LIABILITY AND INFORMATION TO BE RELEASED:

Having made application to the Connecticut Board of Pardons and Paroles for clemency, and desiring it to be informed as to my record and character, I authorize and desire the release of any information, verbal and/or written, which includes but is not limited to information related to current or previous employment, personnel records, criminal records, educational records, any investigative records, credit records, tax or bank records, correctional records, sealed records, confidential records or information previously agreed to be withheld, opinions of my character or conduct, and any and all information that a person or entity may have concerning me, and I agree to hold all entities and persons whomsoever from any liability because of furnishing said information. I understand that I may be required to complete an additional authorization form allowing the Board to obtain any relevant medical records or mental health records.

### INFORMATION TO BE RELEASED FROM:

Any person or entity who may have knowledge of the above named individual including but not limited to friends, family members, neighbors, acquaintances, co-workers, businesses, previous or current employers, any law enforcement or corrections agency, any credit reporting bureau, any educational facility or institution, any financial institution, or any other person or entity deemed relevant by the agency or person conducting the background investigation incident to my application for a pardon, may furnish said information.

### INFORMATION TO BE RELEASED TO:

The Connecticut Board of Pardons and Paroles or its designated agent.

### PURPOSE OF RELEASE:

I, the above named applicant, have requested a pardon from the Connecticut Board of Pardons and Paroles. The members of the Pardons Panel may consider a wide range of factors including my character, conduct, criminal record, mental or medical health status and any other significant history about me incident to such application for clemency. I understand that my authorization under this Waiver and Liability Release is voluntary and that I may refuse to sign this document. I understand that I am not entitled to receive or examine, review or otherwise discover the contents of the information gathered or disclosed in the course of the investigation incident to my application for pardon. I understand that if I refuse to sign this authorization document, my application for pardon will not be considered. I understand that information gathered may become public record if the subject application is brought for consideration at a meeting before the Pardons Board. I understand that I may revoke this authorization under this Waiver and Liability Release at any time by notifying the Pardons Board in writing at 55 West Main St, Waterbury, CT 06702, except to the extent that action has taken place in reliance on this authorization document. I understand that any such revocation of authorization will result in the termination of any pardons investigation or termination of further consideration for clemency.

### NEW INFORMATION:

I understand, under the penalties of perjury, that I have not been convicted of any other crimes in the State of Connecticut or in any other state or federal jurisdiction in addition to those offenses listed on the attached petition for a Pardon. I affirm that I do not have any pending criminal actions in the State of Connecticut or in any other state or federal jurisdiction. I affirm that any police reports or official information that I have forwarded to the Board have not been altered or have any pages omitted. I will notify in writing the existence of any additional criminal matters that are pending against me or new arrests from the time this affidavit was executed to the date that a pardon certificate is issued by the Board.

This waiver shall apply to any right of action of any nature whatsoever, that may accrue to myself, my heirs, or my personal representative(s). Copies of this authorization that show my signature are valid as the original release signed by me. This authorization is valid for 3 years from the date signed.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Petitioner's Signature

Subscribed and Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Notary or Commissioner of Superior Court

My Commission Expires on: \_\_\_\_\_

(Notary Seal)



**SECTION 14: CRIMINAL HISTORY CONTINUATION FORM**

Continue to list your convictions from most recent on. Please be sure to number the conviction. You may make additional copies of this form until you have explained every conviction you are applying for.

**Conviction #**

Docket number:	Disposition Date:	Sentence:
Crime(s) Convicted of on this docket:		
In your own words, provide a complete and detailed account of the offense for which you seek a pardon. Explain when, how and why each offense was committed, including the date and location. Explain any violations of probation if applicable.		

**Conviction #**

Docket number:	Disposition Date:	Sentence:
Crime(s) Convicted of on this docket:		
In your own words, provide a complete and detailed account of the offense for which you seek a pardon. Explain when, how and why each offense was committed, including the date and location. Explain any violations of probation if applicable.		

**Conviction #**

Docket number:	Disposition Date:	Sentence:
Crime(s) Convicted of on this docket:		
In your own words, provide a complete and detailed account of the offense for which you seek a pardon. Explain when, how and why each offense was committed, including the date and location. Explain any violations of probation if applicable.		

**SECTION 15: Optional Continuation Page**

Please use this section to complete any information that you could not fit on the application.

**PLEASE NUMBER THE SECTION THAT YOU ARE CONTINUING.**

Section Number:	Response:

Section Number:	Response:

Section Number:	Response:

Section Number:	Response:

Section Number:	Response:

Section Number:	Response:

STATISTICAL and RESEARCH INFORMATION SHEET  
This section is **optional** and will be used for research and statistical purposes only.

**This section will not be given to any Board members.**

Contact Information:
Full Name:
Phone Number:
Address:
Email Address:

RACE / ETHNIC DATA
<input type="checkbox"/> BLACK (not of Hispanic Origin): Persons having origins in any of the black racial groups of Africa.
<input type="checkbox"/> HISPANIC: Persons of Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.
<input type="checkbox"/> WHITE (not of Hispanic Origin): Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
<input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE: Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
<input type="checkbox"/> ASIAN OR PACIFIC ISLANDER: Persons having origins in any of the original peoples of the Far East, Southeast Asia the Indian subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
<input type="checkbox"/> OTHER: (Please Specify) -

Future Studies:
May we contact you in the future for research purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No



The following three pages are reference questionnaires.

Please have at least three people who are familiar with your character complete out the questionnaires and return it to you. Only one reference may come from a family member who is related by blood or marriage. References can elect to attach an additional letter to the questionnaire as long as they indicate that they understand you are applying for a pardon and list all the crimes that you are seeking a pardon for in their letter.

You may submit more than three reference letters if you want, but it is not required.



<b>Applicant's Name:</b>	
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<b>Reference's Name:</b>			
ADDRESS (Number and Street):		Apartment Number / Floor	
CITY:		STATE:	Zip Code:
HOME PHONE NUMBER: (       )       -	BUSINESS PHONE NUMBER: (       )       -	EXTENSION:	
CELLULAR PHONE NUMBER: (       )       -	E-MAIL ADDRESS:		

[illegible]

*You may attach additional pages or a letter to this form, but this form needs to be completed and submitted with the pardon petition.*

**By signing this form, I understand and agree that an employee of the Board of Pardons and Paroles may contact me to verify the information on this form is correct or to obtain more information if necessary.**

Signature of Reference

Date \_\_\_\_\_



<b>Applicant's Name:</b>	
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<b>Reference's Name:</b>			
ADDRESS (Number and Street):		Apartment Number / Floor	
CITY:		STATE:	Zip Code:
HOME PHONE NUMBER: (       )       -	BUSINESS PHONE NUMBER: (       )       -	EXTENSION:	
CELLULAR PHONE NUMBER: (       )       -	E-MAIL ADDRESS:		

[illegible]

*You may attach additional pages or a letter to this form, but this form needs to be completed and submitted with the pardon petition.*

**By signing this form, I understand and agree that an employee of the Board of Pardons and Paroles may contact me to verify the information on this form is correct or to obtain more information if necessary.**

Signature of Reference

Date \_\_\_\_\_



<b>Applicant's Name:</b>	
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<b>Reference's Name:</b>			
ADDRESS (Number and Street):		Apartment Number / Floor	
CITY:		STATE:	Zip Code:
HOME PHONE NUMBER: (       )       -	BUSINESS PHONE NUMBER: (       )       -	EXTENSION:	
CELLULAR PHONE NUMBER: (       )       -	E-MAIL ADDRESS:		

[illegible]

*You may attach additional pages or a letter to this form, but this form needs to be completed and submitted with the pardon petition.*

**By signing this form, I understand and agree that an employee of the Board of Pardons and Paroles may contact me to verify the information on this form is correct or to obtain more information if necessary.**

Signature of Reference

Date \_\_\_\_\_



**STATE OF CONNECTICUT**  
**BOARD OF PARDONS AND PAROLES**  
55 West Main Street - Waterbury, CT 06702



The following document is what you need to complete and send to the State Police to obtain your criminal history.

**PLEASE DO NOT SEND THIS FORM TO THE BOARD OF PARDONS AND PAROLES.**

The State Police also require that you submit a complete set of fingerprints with this form along with a \$25 check or money order payable to "DPS".

You can obtain your fingerprints from most local police departments for various fees (ask the police to use the green DPS 125c form), or at the State Police Bureau of Identification for an additional \$5.00 fee. You cannot fingerprint yourself, as the State Police require that a law enforcement official or someone trained in taking fingerprinting obtain your fingerprints.

You may either mail or bring the form, fingerprints and payment to:

State Police Bureau of Identification  
1111 Country Club Road  
Middletown, CT 06457-9294  
(Tel. 860-685-8480).

**PLEASE DO NOT SEND YOUR ENTIRE PARDON APPLICATION TO THE STATE POLICE.**  
**Only send the following:**

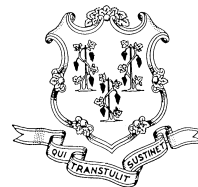
- The attached criminal history request for a pardon
- A check or money order for \$25.00 payable to "DPS"
- A complete set of fingerprints on the DPS 125c form

Please understand that if you drop the form off in person, **the criminal history will still be mailed to your address.** You will not be able to receive your criminal history the same day you drop it off.





**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF STATE POLICE  
BUREAU OF IDENTIFICATION**



***CRIMINAL HISTORY REQUEST for a PARDON***

(Please type or print clearly)

Date: \_\_\_\_\_

Name of  
Requester: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ E-mail \_\_\_\_\_

- 1) Fill in form completely
- 2) Enclose a **\$25.00** dollar check or money order payable to: **DPS**
- 3) Enclose a **complete set of fingerprints** for Positive Identification

Mail request with check or money order to:

**Department of Public Safety  
Bureau of Identification  
1111 Country Club Road  
Middletown, CT 06457-2389**

Subjects First Name	MI	Last Name	Date of Birth
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Please list any maiden names, alias names, or alias dates of birth used:

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